



<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/575,431-Conf. #2093
		Filing Date	April 10, 2006
		First Named Inventor	Jiro Kiyama
		Examiner Name	Harvey, David E.
		Art Unit	2621
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	65325RCE(70904)
TOTAL AMOUNT OF PAYMENT	(\$)	1,300.00	

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account    Deposit Account Number: 04-1105    Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	<u>Small Entity</u>	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_    Multiple Dependent Claims  
Fee (\$)    Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims - 4 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_    Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____ = _____		

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1252 Extension for response within second month	490.00
1801 Request for continued examination (RCE) (see 37 ...)	810.00

<b>SUBMITTED BY</b>			
Signature	<u>David A. Tucker</u>	Registration No. (Attorney/Agent)	27,840
Telephone			(617) 517-5508
Name (Print/Type)	David A. Tucker	Date	July 13, 2011



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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
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**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**

\_\_\_\_\_ - 20 or HP \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_    **Fee (\$)**    **Fee Paid (\$)**

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**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

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**Total Sheets**    **Extra Sheets**    **Number of each additional 50 or fraction thereof**    **Fee (\$)**    **Fee Paid (\$)**

\_\_\_\_\_ - 100 = \_\_\_\_\_ /50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**    **Fees Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)    \_\_\_\_\_

Other (e.g., late filing surcharge): 1252 Extension for response within second month    490.00

1801 Request for continued examination (RCE) (see 37 ...    810.00

<b>SUBMITTED BY</b>			
Signature	<u>David A. Tucker</u>	Registration No. (Attorney/Agent)	27,840    Telephone (617) 517-5508
Name (Print/Type)	David A. Tucker	Date	July 13, 2011



Application No. (if known): 10/575,431

Attorney Docket No.: 65325RCE(70904)

## Certificate of Express Mailing Under 37 CFR 1.10

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Dawn E. Grimes

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 517-5534  
Telephone Number

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RCE Transmittal (2 pages)  
Petition for One Month Extension of Time (2 pages)  
Supplemental Amendment After Final Rejection (14 pages)  
Fee Transmittal (2 pages)  
Copy of Amendment After Final Rejection dated 15 April 2011 (16 pages)  
Return Receipt Postcard  
Charge \$1,300.00 to deposit account 04-1105